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ISSUE SLIP TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	PAIT	57333/

INDEX OF CLAIMS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- Restricted

Claim	Final	Original	Date
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BEST AVAILABLE COPY
More than 150 claims or 10 actions
File additional sheet here

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